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AUTHOR Harrison, Betty D.; Dallon, Trilby
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ABSTRACT

A model for evaluating the progress of handicapped children in resource settings is proposed, and results of field testing the model in elementary and junior high school resource rooms are presented. It is explained that the evaluation model was designed to meet the requirements of P.L. 94-142, The Education for All Handicapped Children Act of 1975. Among the model steps reviewed are selection of the evaluation team, record review, analyses of data, and development of a written report. A timeline for comprehensive evaluation is given. Field testing is said to have included interviews at rural and suburban schools, and results from a review of records are summarized according to legislative requirements for referral, releases, team meetings, screening and diagnosis, programming strategies, and validation of progress. (CL)

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A PROCESS MODEL

AND FIELD TEST

FOR EVALUATING THE EFFECTIVENESS

OF RESOURCE PROGRAMS

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Prepared for:

The Southwest Regional Resource Center
Department of Special Education
University of Utah
2363 Foothill Drive, Suite G
Salt Lake City, Utah 84109

By Consultants:
Betty D. Harrison, Ph.D.
Trilby Dallon, M.S.

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The work reported herein was performed pursuant to a contract with the Office of Education, U.S. Department of Health, Education and Welfare. Contractors undertaking such projects under Government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent Office of Education position or policy.

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U.S. Office of Education
Department of Health, Education and Welfare

Preface

Evaluation of the educational progress of handicapped children and evaluation of the programs in which they are placed has been an ongoing concern for parents, teachers, administrators, and researchers. The passage of Public Law 94-142, The Education for All Handicapped Children Act of 1975, has emphasized the need for accountability--both for progress made by individual children and for overall effectiveness of special education programs.

The state directors of special education in Region 3 (which includes Arizona, Colorado, Nevada, New Mexico, Utah and the Bureau of Indian Affairs schools) requested the Southwest Regional Resource Center (SRRC) to address the problem of measuring the effectiveness of resource programs--programs that serve handicapped children for that part of the day when they leave the regular classroom for intensified special help.

The SRRC obtained the services of two consultants to prepare a process model and to conduct a limited field test of the model. The consultants retained were Dr. Betty D. Harrison, coordinator of special education at Brigham Young University, and Mrs. Tribly Dallon, doctoral candidate at BYU and an experienced resource teacher. Special emphasis was to be given to measuring the effectiveness of the programs and the progress of handicapped children in the terms laid out in PL 94-142.

This document contains the process model and forms utilized by the consultants, a report on the field test, and conclusions and recommendations. The model and the field test are discussed in the two major sections of this book.

It is hoped that special education teachers and administrators at the state, intermediate and local levels throughout Region 3 will find here basic information upon which can be built the unique evaluation structures needed to assure that individual handicapped children receive appropriate services, that effective programs are stengthened and maintained and that programs which might fall short are upgraded to meet legal requirements.

This document, like others produced by the SRRC, is not seen as a final statement on how to solve a specific problem; it is seen as one step in an ongoing process toward more appropriate educational services for handicapped children and youth.

H. Wayne Johnson
Director, SRRC

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Section I: Process Model for Evaluating Resource Programs

Introduction

Education of the handicapped has evolved through the highly restrictive environments of the institutions or hospitals of the nineteenth century to the present emphasis on resource programs based upon the premise that the handicapped child should remain in the least restrictive setting. This trend has resulted in the placement of children with a variety of handicaps--learning disabilities, mental retardation, emotional disturbance, communication disorders, motor impairment--in the regular classroom for a major portion of each school day with special support services being provided by the resource program.

Although there has been a similar trend toward training resource teachers to be "generalists" who can adapt the support services to the needs of each handicapped child, in actuality many resource teachers have found themeselves categorically trained but placed in a setting requiring generalist procedures. The problem has been intensified in the rural areas where the availability of ancillary specialists is limited, and the resource teacher may find that the responsibility for identification, placement, goal selection, diagnosis, programming, teaching strategies, evaluation of progress, and accountability rests with the resource program. This has resulted all too frequently in the placement of handicapped children in resource programs where the goals and strategies become the same for all children regardless of handicapping condition. Urban areas have experienced similar problems due to the large number of children requiring services.

It is recognized that there are commonalities among handicapping conditions as well as commonalities between handicapped and nonhandicapped children which should be considered, but it is also recognized that this is a departure from the individualization concept upon which programs for the handicapped have been based and which has been mandated by both federal and state legislation. Funding is granted on categorical eligibility; quality as well as quantity in educating the handicapped must be considered in order to determine whether or not funding is justified.

The lack of a process model for determining the progress of handicapped children in resource settings has been a problem for federal, state and district administrative personnel who must evaluate programs and determine eligibility for funding.

Hopefully, the preparation of this process model, which will meet the requirements of Public Law 94-142 for determining the effectiveness of individualized education for handicapped children in resource program settings, will help educators and administrators at all levels address the problem of evaluation of resource programs.

Rationale

The purpose of the model is to facilitate consistent evaluation of resource programs which exist in a variety of settings and are conducted by teachers whose preparation may have been in one or more categories of exceptionality. The main goals of the model are to unify accountability procedures, to identify children with learning problems, and to simplify record keeping. It does not attempt to force resource programs into a similar pattern; the model does provide an evaluation procedure which can accept individual program differences yet still effectively account for children's progress.

The model is designed to deal with five types of exceptionality in children:

1. Learning Disabilities (LD)
2. Emotionally Handicapping Conditions (EH)
3. Educable Mental Retardation (EMR)
4. Motor Handicapping Conditions (MH)
5. Communication Disorders (CD).

These handicapping conditions would normally be in the mild or moderate range in order to justify placement in a resource program. The steps in the model should also be applicable to other areas of handicap for which the resource setting would be appropriate; however, it would be assumed that the teacher would possess highly specialized skills (Braille, sign language for the deaf, etc.) in addition to the usual training for a resource teacher. Likewise, the severely handicapped child would normally be placed in a more restrictive setting in order that his needs might be more adequately met.

The model is based upon the requirements outlined in Public Law (PL) 94-142, The Education for All Handicapped Children Act of 1975. Perhaps one of the most important aspects of the Act is the requirement of the development at the school district level of an "individualized education program" for each and every handicapped child served. The Act defines this as

> ...a written statement for each handicapped child developed in any meeting by a representative of the local educational agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of

handicapped children, the teacher, the parents or guardian of such child, and, whenever appropriate, such child, which statement shall include (A) a statement of the present levels of educational performance of such child, (B) a statement of annual goals, including short-term instructional objectives, (C) a statement of the specific educational services to be provided to such child, and the extent to which such child will be able to participate in regular educational programs, (D) the projected date for initiation and anticipated duration of such services, and, (E) appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved.

These individual plans must be developed by appropriate professional personnel in the school district in consultation with the parent, and if possible, the child himself.

The due process requirements in PL 93-380 are refined in PL 94-142. These include the right of the parent to examine his child's educational records; to request independent evaluation of the child; to written prior notice if the school proposes to initiate or change, or refuses to initiate or change, the identification, evaluation or educational placement of the child; informed consent including information in the native language; and an impartial due process hearing and appeal.

PL 94-142 provides for federal funds to be granted to the local educational agency (LEA) based upon a master plan for serving the handicapped of the state. An increasing percentage of federal funds will be passed on to the LEA over the projected years through 1982. Evaluation of the effectiveness of individualized instruction, least restrictive placement and procedures to prevent erroneous classification of children must be provided.

Inasmuch as resource programs have become a prevalent option for placing handicapped children in the least restrictive setting, the necessity for determining the effectiveness of such programs will be felt by the LEA, SEA (state educational agency) and federal agencies. The greatest impact, however, will be on the personnel in each individual school and particularly on the resource teacher who is responsible for direct delivery of services to handicapped children.

The process model represents a sequence of steps to be followed in evaluating the effectiveness of a resource program. It is recognized that the specific individualization for each handicapped child should be reviewed at least annually. The process model may be applied to the evaluation of an individual child's program or to the evaluation of the total resource program in a school, district or state. An evaluation may be requested by the state educational agency, the local educational agency or a parent with concern for a particular child. Most evaluations, however, will probably be performed to determine eligibility for funding as required under PL 94-142.

Evaluation Procedures

Preparation for evaluation should begin at the time a resource program is initiated. Only by following a consistent pattern designed to meet both quality and quantity control can personnel prepare for a valid evaluation of the effectiveness of the program in meeting the needs of handicapped children. Personnel in effective resource programs should be prepared for program evaluation at all times; however, if a comprehensive evaluation of all resource programs within a large district, region or state is to be conducted, advance planning and preparation are necessary.

Timeline for Comprehensive Evaluation

A suggested schedule of evaluation activities and arrangements is graphically portrayed in Figure 1, page 8. Adaptations will be necessary to meet the needs of each situation; however, the intervening time between the request for evaluation and dissemination of the results should be as short as possible. This is essential in order to maintain a high level of individual commitment on the part of the staff and to maximize benefits to individual handicapped students for whom changes in procedure may be necessary as a result of the evaluation.

If the evaluation of the effectiveness of resource programs within a school district is to be included in an evaluation of all special education services within the district, the detailed procedures outlined in a report submitted to the Division of Instructional Support Services, Utah State Board of Education on July 15, 1974 may be helpful. The title of the report is "A Process

Cumulative Time	Maximum Time for Each Step	
Week 1	At least 5 weeks prior to visit	Request for evaluation received.
Week 2	At least 4 weeks prior to visit	Informal planning meeting(s) held for SEA and LEA evaluation coordinators.
Week 3	At least 3 weeks prior to visit	Written notice and explanation of evaluation sent.
Week 4	At least 2 weeks prior to visit	Questionnaires sent to parent's home either by mail or through resource teachers.
Week 5	At least 1 week prior to visit	Data gathering procedures established by SEA and LEA coordinators to include school schedules, staff assignments, student names or codes. Questionnaires distributed to classroom teachers and ancillary personnel.
Week 6	Evaluation team visit	Evaluation team visit conducted. Staff preparation meeting held. Questionnaires collected from classroom teachers, students, ancillary personnel, and parents by staff responsible. Interviews and record reviews conducted.
Week 8	Not more than 2 weeks after visit	Data collated and analyzed. Results compiled by SEA and LEA evaluators. Effectiveness of resource programs individually and district-wide determined.
Week 9	Not more than 3 weeks after visit	Report prepared. Summary of evaluation in written form typed and copied. Written notification of dissemination meeting sent to LEA and SEA personnel.
Week 10	Not more than 4 weeks after visit	Results disseminated. Meeting held of LEA and SEA representatives to consider findings and conclusions and discussion of plans for implementation of recommendations.
Ongoing	Follow-up	Ongoing staff development, both individually and collectively, based on evaluation results. Preparation for future evaluations.

Fig. 1 Timeline for Comprehensive Evaluation

Model for the Evaluation of Pupil Personnel and Special Education Through a Third-Party Team."

Selection of Evaluation Team

The evaluation team for a comprehensive review should be selected in the planning meeting(s) of the LEA and SEA representatives. Members of the team should be knowledgeable in the areas of handicapping conditions and placement options, public school procedures and requirements of PL 94-142. Absence of bias should be a prerequisite.

If the review is requested for a particular resource program or with regard to a particular child, the impartial evaluator(s) should be selected in a meeting of those requesting the review and the LEA representatives. It is likely that most evaluations will be conducted by specialists from the SEA.

Participants

The roles of all participants in the evaluation should be clarified by the LEA representative coordinating the total evaluation process. Parents and students should be included whenever possible. Although role definition will be unique to the district or school, the following list may suggest representatives to be included:

- District superintendent
- District supervisor of special education
- Principal (of each school having a resource program)
- Resource teacher (of each program to be evaluated)
- Classroom teachers
- Parents
- Students
- Ancillary personnel
  - Psychologist
  - Social worker
  - Counselor
  - Nurse
  - Communication specialist (speech therapist, audiologist, etc.)
- Consultants
  - Medical (psychiatrist, neurologist, physician, etc.)
  - Clinical (behavior therapist, family or marriage counselor, private educational specialist, etc.)
  - Diagnostic (psychometrist, diagnostic teacher, psychodiagnostician, etc.)

Teacher aides
College or university trainees and/or faculty.

All personnel to be involved in the evaluation should be notified in writing. The type of involvement may vary from completion of questionnaires to personal interviews to reviews of records. Arrangements should be made for the members of the evaluation team to meet with district and local school personnel.

Staff Preparation Meeting

A staff preparation meeting may be useful on the day of the evaluation team visit. The agenda of the meeting should include discussion of the goals of the evaluation, planned utilization of the results, adjustments to schedules of staff, and the introduction and definition of roles of the participants. The meeting should be based on a spirit of cooperative endeavor in the interests of handicapped children rather than on feelings of suspicion or resentment.

Data Gathering

Information should be obtained through use of questionnaires, interviews, observations and record reviews. Sample copies of procedural forms for these types of data gathering are included in Appendix A (pp. 47-59). These forms should be adapted or revised as appropriate to the evaluation setting (native language, content, format, etc.).

Questionnaires. Regular classroom teachers, ancillary personnel, parents and the handicapped children themselves should contribute to the evaluation of the effectiveness of a resource program. A child's progress in learning to overcome his handicap or in learning how to live with it should be reflected in his daily activities at home and at school. Changed attitudes as well as improved personal competencies should be considered to be important by-products of the resource program. Although personal interviews would be the most appropriate method of gathering data from parents, regular classroom teachers, ancillary personnel, and the child himself, the large numbers of people to be contacted in a comprehensive review may be surveyed more readily by printed instruments.

Questionnaires should be distributed to parents of handicapped children in the resource program at least two

weeks prior to the evaluation team visit. The questionnaires may be mailed or they may be sent home with children in the program in order to save postage costs. The wording of the questionnaires should be as nontechnical as possible and the time required to complete the answers should be kept to a minimum. An envelope should be provided for return of the questionnaire in order to preserve confidentiality and to be certain that the completed instrument is returned to the proper district representative. If the questionnaire has not been returned within one week after distribution, a follow-up note or preferably a personal telephone call should be directed to the parent to encourage prompt return and to clarify any questions about the procedure.

Questionnaires for regular classroom teachers and ancillary personnel should be distributed at least one week before the evaluation team visit. Personal follow-up by the district evaluation representative should ensure return of all questionnaires on or before the date of the evaluation team visit.

The resource teacher should complete the questionnaire and give it to the evaluator at the conclusion of the records review. Ideally, this should be during an interview between the evaluator and the resource teacher(s) to clarify any questions which the evaluator might have relative to the program.

Interviews. Handicapped children will provide valuable evaluative information if they are skillfully interviewed. In a personal interview the evaluator is able to determine the seriousness of the child's answers and can also deal with the child's limitations in reading and/or writing. The interview should be conducted in a conversational form. If the child is told before the interview starts that the evaluator would like to make some notes of the conversation, there is usually less curiosity on the part of the child, and more careful attention will be given to the interview.

Older students may share their feelings more readily in a group interview which is structured to maintain on-task behavior. They remain anonymous and are thus encouraged to respond candidly.

Telephone interviews may be conducted with parents rather than using printed questionnaires. This approach may be more effective in limited evaluations when a small number of parents would be involved.

Observations. The importance of structured procedures in a resource program and adherence to these procedures should not be minimized; however, it is well recognized by educator and lay person alike that the quality of an educational program is a reflection of the characteristics of the teacher. The diversity of opinion as to characteristics which are desirable in a competent teacher makes a valid observation difficult to perform. There are, however, certain factors which should exist in an effective program. The suggested observation form, included in the Appendix (p. 56), covers factors related to the structure, the teacher and the child. The practice of using more than one observer for several observation periods increases the validity and reliability of the observation. Four or more children from the review of records sample should be observed in the resource program under the direction of the resource teacher. Observations of team meetings and parent conferences add valuable information to the evaluation.

Steps in Record Review

The evaluator should secure a list of student names (or identification codes) to include all handicapped children, by category, in the resource program to be evaluated. The record of each child in the program may be reviewed or, in the interests of time, a random sample may be drawn from each category or handicap. The work area provided for the evaluator should permit ready access to the records file and should accommodate the record and evaluation materials. The evaluator should check each record in the sample for the following documented procedures:

Referral

1. Was a documented referral made? Is it clearly indicated who initiated the referral? Was the regular classroom teacher involved?

2. Was the referral form properly completed (dated, signed, identifying information on child complete)? Was the reason for referral indicated (samples of classroom work, description of behavior, review of cumulative file information)?

3. Were the proper steps in the referral process followed (contact between regular classroom teacher and resource teacher, approval by principal)? Was the referral acted upon promptly (no more than one month between referral date and action taken during team meeting)?

Releases

1. Were the release forms completed properly (child's name, name of person requesting release, date parent(s) signed release, signature of parent(s) or witnessed mark)? Was the language in the release appropriate (major language of the home, easily understood, no professional jargon)?

2. Were releases obtained for all necessary actions (testing and evaluation, team meeting if other than agency personnel on the authorized list attend, placement in resource program)?

3. Were releases completed prior to any action taken with regard to the child (testing, discussion of possible change in educational placement)? Were parents notified about actions regarding their child (interpretation of tests, explanation of alternatives for helping child)? Was placement of child specifically indicated (resource, self-contained)?

Screening

1. Were ancillary personnel involved in the screening process, as needed (school nurse, psychologist, social worker, communication specialist, etc.)? Were reports from ancillary personnel complete (dates, services provided, results)?

2. Was screening process related to referral reason (intellectual assessment by psychologist if referral suggests mental retardation, acuity test before perceptual test if referral suggests visual problem)?

3. Were the commonalities of the child (with non-handicapped children as well as with other handicapped children) considered in order that least restrictive placement could be followed?

Team Meeting

1. Was an official record maintained of the team meeting in which the child's referral was presented (date of meeting, members present, action taken)?

2. Was there sufficient input from team members to justify placement decision (test results, interviews, information regarding any previous placement)?

3. Was category of service pattern identified for funding purposes (LD, EH, EMR, MH, CD)? Did child meet eligibility standards for category as established by SEA and federal guidelines? Was least restrictive placement determined (Cascade system)?

4. Were parents involved in the team meeting (notified and invited, participants in decision)? Was child involved in the team meeting to extent possible?

Diagnosis

1. Was sufficient and relevant diagnosis done (determination of degree of handicap, entry level identified for determining instructional goals, use of formal and informal instruments and/or diagnostic teaching)?

2. Were procedures used appropriate in terms of child's cultural and environmental background (native language, standardization and norms, directed toward area of handicap)?

3. Did information obtained lead to logical determination of specific strengths and needs? Was information obtained educationally relevant (interpersonal relationship problems for EH rather than or in addition to psychiatric diagnosis)?

Goals

1. Were long-range and short-term goals established and recorded for the child?

2. Were the goals related to the primary handicapping condition as well as secondary problem areas? Were goals relevant to classroom behavior and achievement included?

3. Did goals indicate specific behavior to be shown (e.g., work at task without leaving seat, spell five words from grade level list)? Did goals indicate specific level of performance desired (e.g., work at task without leaving seat for ten minutes, spell five words from grade level list with 100% accuracy)? Did goals indicate specific conditions under which behavior would occur (spell five words orally, work at task in regular classroom for ten minutes without leaving seat)?

4. Were dates of goal selection and anticipated dates of mastery indicated? Were follow-up dates established for automatic program review as well as ongoing evaluation?

5. Were the regular classroom teacher, the parent or guardian and the child, whenever possible, involved in goal selection?

Strategies

1. Were the specific methods and materials to be used indicated on the child's individualized plan (individual as well as group activities)?

2. Were the strategies related to the handicapping condition (speech or language for CD, social-emotional for ED)?

3. Was provision made for transferring the skills mastered into the regular classroom and home setting?

Progress

1. Were the procedures used to determine mastery documented (formal and/or informal instruments, diagnostic teaching, charting)? Were mastery dates entered for specific goals (initial mastery and follow-up)?

2. Were progress reports given to the regular classroom teacher (written, conferences)? To the parents (written, conferences)? To the child (as part of daily instruction, conferences, written)?

3. Were attendance records maintained (daily roll accounting for amount of time child in resource program)?

4. Were future plans for the child indicated, including a projection of what further services may be needed by the child?

5. Were other agencies or ancillary personnel involved as needed? If progress was not as anticipated, was referral made to other personnel or agencies?

The sample tabulation form for record review as found in the Appendix (pp. 57-58) may be used for a quick overview by using the major categories (referral, releases, etc.). A more in-depth review may be conducted into each of these major categories for either the comprehensive review of a total district or the limited review of a school or individual child's program. The procedure may be used by a resource teacher for self-evaluation or as a guide to improvement in deficient areas.

For each item on the record review form, the evaluator should check the child's record. If the record satisfactorily meets the criteria, a mark should be entered. If the record does not meet the criteria, no entry should be made. Color coding could also be used to indicate both the satisfactory and unsatisfactory records. It is also recommended that the evaluator keep a separate color available to indicate the last item considered in a record should an interruption occur.

After all records have been reviewed, the evaluator should indicate the total number of records for which each item was appropriate (e.g., referral may not be necessary in all cases) and the number of cases meeting the criteria for each item. A percentage of compliance may be computed by dividing the number of cases meeting the criteria by the total number of records for which the item was appropriate.

Analysis of Data

The tabulation of results from the review of records should reveal how well the resource program adheres to the procedures required by PL 94-142 from a quantitative or numerical standpoint. However, the evaluator must also look at the qualitative factors in order to determine the effectiveness of a resource program in meeting the needs of handicapped children.

Information from the questionnaires completed by regular classroom teachers, ancillary personnel, parents and from the interviews with children should be summarized into four categories:

1. Team involvement;
2. Individualized programming for the child;
3. Improvement of child in everyday functioning as well as in the resource program;
4. Attitude toward resource program.

A sample form for tabulating data from the questionnaires and interviews is included in the Appendix (p. 59).

The observation report should verify:

1. Individualized programming;

2. Improvement of child in resource program;

3. Attitude of child toward resource program;

4. Attitude of teacher toward resource program.

The members of the evaluation team should answer the following questions with regard to the information obtained before drawing any conclusions.

Validity. Does the information obtained really measure the effectiveness of resource programs for handicapped children?

Reliability. Would other evaluators have obtained the same information as the evaluation team?

Objectivity. Does the information reflect present data gathering rather than subjective opinions of the evaluation team members?

Comprehensiveness. Were all important sources of information utilized?

Discrimination. Does the information show the variations in program needs for different types of handicapped children and reflect subtle differences in individualizing instruction to meet these needs?

Usability. Were the best sources of information used with a minimum expenditure of time, effort and materials?

Answers to all questions listed above should be in the affirmative. If a question cannot be answered "yes" then the effects of the limitations upon utilizing the information should be clarified in the written report.

Determining the Effectiveness of the Resource Program

The ultimate question to be answered asks, "Has the resource program brought about improved skills in the handicapped children served which will be individually important for achieving success in the school, the home and the community?" Basically, have the children served become more efficient learners?

Primary goals should be recognized for each of the five types of handicapped children commonly served in resource programs.

which would not be reflected in standardized test results can also be documented and dated.

The review of records should reveal any differences by category in the effectiveness of a resource program in moving children toward established goals. The training of the resource teacher may result in greater emphasis on instruction appropriate to one area of handicap rather than individualized treatment for all handicaps served.

The acceptable percentage of compliance with requirements of PL 94-142 must be established by funding agencies. However, it should be kept in mind that deficiencies in any one child's program may become a legal matter under due process.

Writing the Report

The report should briefly explain the purpose of the evaluation and should review the procedures followed in gathering the information upon which the report is based. Findings and conclusions should be summarized into three basic areas:

1. Effectiveness of the resource program by category (LD, EMR, EH, MR, ED):

   a. Appropriate placement of children by category and in least restrictive setting;

   b. Achievement noted in resource program goals;

   c. Improvement noted in regular classroom and home skills;

   d. Attitude of child toward resource program;

   e. Evidence of individualized plan for child.

2. Effectiveness of resource program as an integral part of the total educational system:

   a. Evidence of team involvement, including parent and child;

   b. Cooperation with regular classroom teachers and with ancillary personnel;

   c. Attitude of classroom teachers, ancillary personnel and parents toward resource program.

b. Effectiveness of procedures in the resource program:

a. Referral;

b. Releases;

c. Screening;

d. Team meeting;

e. Diagnosis;

f. Goals;

g. Strategies;

h. Progress.

Recommendations should be specific to the above areas of effectiveness in order that alternatives may be considered by the personnel of the resource programs which were evaluated and decisions made relative to correcting deficiencies or expanding exemplary procedures. Suggestions should be precise, such as a specific diagnostic procedure or a class to be taken by a particular staff member.

If the evaluation was conducted in behalf of an individual child, the report should be prepared by the impartial evaluator to cover the above items which would be appropriate to the child's case.

Dissemination and Utilization of Evaluation Report

The report of a limited evaluation of an individual school resource program or of an individual child's case should be discussed only with the concerned personnel. Parents, of course, will have access to their child's educational records; if a parent has requested the evaluation on behalf of his child, the parent should be present for the report. Sensitive areas involving a particular staff member should be discussed by the staff member and his supervisor(s) on a confidential basis. The report of a comprehensive evaluation of the effectiveness of resource programs in a district, region or state may be shared most efficiently in a dissemination meeting. Written notice should be sent to all personnel involved. Prior assignment should be made for staff members to review items in the report needing emphasis. A portion of the meeting may be utilized as a workshop for committees to

consider recommendations of the evaluation team and discuss any changes which may be indicated. Each committee should appoint a discussion leader and a secretary in order that the committee will be task-oriented and a written summary of the committee's findings can be submitted to the evaluation coordinators. Follow-up dates should be determined. Personnel should be encouraged to conduct periodic self-evaluations with the goal of ongoing improvement in the effectiveness of resource programs for handicapped children.

Section II: Field-Test of Process Model for Evaluating Resource Programs

Preparation and Clearances

As the researchers prepared to field-test the proposed process model, they surveyed the characteristics needed in a population group that would be representative of resource programs from the standpoints of (a) suburban-rural, (b) cultural-economic, and (c) diversity of handicapping conditions. State reports from resource programs throughout the State of Utah were reviewed. Three schools were selected: 1) a rural elementary school, population 305; 2) a suburban elementary school, population 723; and 3) a suburban junior high school, population 1235. Children enrolled in the schools came from many different cultures and socioeconomic levels. More than one category of handicap was served in each of the three resource programs.

A meeting was held at the district office with the following representatives in attendance: a specialist from the state special education office, the researchers, the administrator of pupil services and the deputy superintendent from the school district, and the principals and resource teachers from the three schools. Concerns of the school personnel included factors such as additional time commitments, confidentiality of records, benefits to come from the new process model, parental involvement, progress reporting procedures, and the fact that the school year was half over.

Final agreement for the schools within the district to participate was received on January 26, 1976, and the process model was field tested in the three schools from February to May 1976. Revisions and elaborations of the process model were made during and at the conclusion of the field-testing period.

Methods and Procedures

Appointments were scheduled for the researchers to meet with the resource personnel at each of the three schools. Information obtained during the interviews included steps followed in referral, releases from parents, screening, team meetings, diagnosis, establishing goals for instruction, teaching strategies, recording and evaluation of progress and grouping procedures. An estimate of the average time required to administer each test or evaluative instrument was determined. The researchers emphasized that the purpose of the field testing was to determine the

efficiency of the model and to suggest areas in which record-keeping procedures may need to be modified in order to meet the requirements of PL 94-142 and in order to accurately reflect the quality of the program. The schools used in the field testing were selected as a representative sampling of the challenges and problems occurring in resource programs according to size of school, population served, grade level and service to more than one category of handicap. Evaluative information obtained would not be used to review the field-testing schools for funding or for any other administrative purposes.

Follow-up visits were scheduled at each school for record reviews. The first visit was scheduled prior to year-end testing, and the second visit was scheduled after year-end testing in order that the researchers could determine how progress of handicapped children was validated in each program. Information obtained during the initial interviews is summarized, as follows.

Interviews

Rural Elementary. The resource program at the rural elementary school was staffed by a half-day teacher with certification in the area of learning disabilities and a half-time teacher's aide. The average caseload was twenty children whose categories of handicap were learning disabilities and emotional disturbance. Children with speech and language problems were serviced by an itinerant speech person. There were no educable mentally retarded children needing services in the resource program at the time of the field testing; however, the teacher indicated that this category of handicap might also be included in the resource program should the need exist. Children with motor handicaps were referred to a district center.

The resource teacher reported that the initial referral was submitted by the regular classroom teacher. Releases for evaluation and placement were obtained from the parents by the classroom teacher, after which the resource teacher and the classroom teacher met to discuss the case.

Screening and diagnostic tests were chosen from a basic battery consisting of the Slosson Intelligence Test, the Illinois Test of Psycholinguistic Abilities, the Slingerland, portions of the Durrell Analysis of Reading Difficulties and the Key Math based on the reasons for referral indicated by the classroom teacher. Children who were referred because of emotional problems were also seen by the district psychologist and, in some cases, were evaluated at a mental health center.

Records of team meetings were kept in a separate notebook. The team consisted of the resource teacher, the principal, the classroom teacher and itinerant district ancillary personnel who had served the cases under consideration. Referrals of children as possible candidates for the resource program were presented for discussion during the team meeting. Decisions as to categorical classification, placement in special education programs and referral for additional services were made by the team.

Grouping within the resource program was primarily on the basis of age inasmuch as the regular classroom teachers preferred that all children within a particular class go to the resource program at the same time. However, subgrouping on the basis of need was possible within the resource program.

Methods and materials utilized included commercial publications such as Developmental Learning Materials kits, language master cards, Barnell-Loft workbooks; locally produced materials such as U-SAIL programs; and teacher-made materials such as games, cards for the language master, and dittoed papers. The teacher reported that some drill on basic mathematics was used with the older students, whereas more sequentially ordered skills were emphasized for the younger children. Children who were emotionally handicapped received concentrated lessons in social studies.

Charts and graphs for each child were posted around the room. There were rate and comprehension graphs for reading based on an individualized oral reading time for each child each week. Progress was also checked on tests chosen from the same battery used for screening and diagnosis. Detailed case summaries comparing test results and reviewing progress were placed in the children's folders at the conclusion of the school year.

Suburban Elementary School. Two special education teachers, one certificated in speech pathology and the other in mental retardation, staffed the resource program at the suburban elementary school. Children from four categories of handicap--mental retardation, learning disabilities, communication disorders, and emotionally handicapped--were served by the program. Children with gross motor problems were referred to a district center. The amount of time for a child to be in the resource program each day varied from 15 minutes to one-half day. Three children were seen on a half-day basis.

In addition to the referrals received from classroom teachers and from parents, many children were continued in the program from the previous year. Of the 85 children being served in the program, 19 were emotionally handicapped, 7 were educable mentally retarded, 53 were learning disabled, and 11 had speech problems.

The screening and diagnostic testing battery included the Slosson Intelligence Test, the Durrell Spelling subtest of the Durrell Analysis of Reading Difficulties, a locally developed speech assessment, the Silvaroli Reading Test, the mathematics portion of the Wide Range Achievement Test, the Illinois Test of Psycholinguistic Abilities to a limited degree, the Frostig Developmental Test of Visual perception, and parts of the Purdue Perceptual-Motor Survey. The choice of tests for a particular child was based on information contained in the referral. Questions about the IQ cut-off for educable mentally retarded children or emotional problems were referred to the district psychologist. Hearing and visual screenings were conducted by the nurse at the beginning of each school year; however, referrals could be made during the year if additional problems were noted.

Release forms were sent home with the child by the regular classroom teacher at the time the referral form was completed. An informal meeting was held by the classroom teacher and resource teacher to discuss the referral. Upon receipt of the completed release forms, the resource teacher completed the testing, and the child's case was presented at the next team meeting.

Team members included the nurse, psychologist, resource teachers, social worker, principal, classroom teacher and community workers who were invited as needed. Parents were invited upon their request. The child was not included in team meetings. The team reviewed the child's case and recommended procedures including placement. If the child was to be placed in the resource program, the parent was requested to sign a release form giving permission for the placement.

Children enrolled in the resource program were grouped on academic and/or emotional needs rather than on category of handicap. A child could be shifted from one group situation to another based upon his individual needs. Behavioral objectives were developed for the child from structured programs such as W-SAIL, from recommendations of the team, and from test results. A support team consisting of the social worker and the counselor was available to assist with programs for the emotionally handicapped

children. The two mentally retarded children were brought into the program for one-half day with varying amounts of time allocated to each of the resource teachers based upon the strengths and weaknesses of the child.

Materials used in the resource program included both commercial and teacher-made, as well as locally developed materials such as U-SAIL. Some of the commercial materials were DISTAR reading, Continental Press dittoes, DISTAR II Language, Developmental Learning Materials and Teaching Resources kits, Barnell-Loft workbooks, Reader's Digest Skill Builders and the language master. Phrase cards for the language master and experience charts were prepared by the teachers.

Progress was measured by posttesting with the same battery of tests used in screening and diagnosis, usually the Durrell Spelling, the Silvaroli Reading Test (alternate forms), the mathematics portion of the Wide Range Achievement Test and the Frostig Developmental Test of Visual Perception and the Illinois Test of Psycholinguistic Abilities, as needed. One teacher used a graph system to chart progress. Bar graphs in speech were completed while the child was present. Other graphs were completed each day by the teacher and child to show daily progress. The second teacher used a check-list system or a combination of check-lists and graphs. Self-graphing and self-correction were encouraged in mathematics. Charts were prepared at intervals for reporting progress. When a child was remediated to no more than one-year academic retardation, he was promoted from the resource program to full-time regular classroom attendance. This decision was based upon the recommendation of the resource teachers and the parents' desires.

Suburban Junior High School. The resource program was staffed by two full-time teachers with certificates in learning disabilities and mental retardation and a one-half-time teaching aide. The average enrollment was 70 students divided into groups of 12 on a subject-matter basis. One teacher specialized in helping students who were reading at less than third-grade level. She also assisted students with subject matter in the science area. The other teacher specialized in English and the remediation of mathematics problems. Categories of handicap served included learning disabled, educable mentally retarded and emotionally handicapped. There were no motor handicapped students in the program. Speech problems were referred to an itinerant speech therapist.

Referrals came primarily from the resource teachers at the elementary feeder schools. Children who had received service at the elementary level and were in need of continued service were scheduled to be picked up by the junior high school resource program. Regular classroom teachers could also refer students who had received no prior service by completing a checklist of problem areas. In response to the referral the resource teachers sent release letters to the home requesting permission to test, and, if a severe problem were indicated, requesting permission for placement in the resource program. It was noted that a better response was more likely if both forms were sent together.

A folder was prepared for the student who had been referred, and testing was begun upon receipt of the signed release from the parents. The battery of tests was chosen from the Wide Range Achievement Test, the Gilmore Oral Reading Test, the total battery of the Detroit tests, the Slosson Intelligence Test, Key Math, and the Piers-Harris if the student appeared to have a poor self-concept.

Team meetings were held every Tuesday and involved the psychologist, social worker, vice-principal, counselors, resource teachers and the speech therapist upon request. Team members frequently had had contact with the student before or with other members of the family. If further services were needed, referrals were made at the team meeting. The psychologist was responsible for labelling children into categories of educable mentally retarded or emotionally handicapped and would very often be asked to verify the score obtained by the resource teacher on the Slosson Intelligence Test. The resource teacher could determine the student's eligibility under the learning disabilities category.

Basically the same approach was used in the resource program for the learning disabled, educable mentally retarded, and emotionally handicapped except for the rate of learning. The emotionally handicapped student could receive support help from the social worker through group therapy. One educable mentally retarded girl was receiving vocational training at another school on a part-time basis.

Class periods at the school were 45 to 50 minutes long. Students in the resource program were scheduled into three to five regular classes, including art, physical education, history, and English. Classes were grouped according to ability level. In the lower ability classes, teaching stations were provided where a student could go to receive

special help. There was no district policy with regard to resource teachers going into the regular classroom to help students with assignments. There was also a plan to involve PTA mothers to help at the teaching stations in the near future.

In the resource room the Linsley approach to precision teaching was used. Students were given worksheets for a few minutes of each day in order to master a sequence of skills. A corrective reading series was also used. At such time as the student's achievement would enable him to compete in a regular classroom situation, he was transferred out of the resource room and into a reading or mathematics class. Some handwriting and spelling instruction was included in the program as needed. Worksheets from the regular classroom were kept in the resource room until completed and then turned in to the regular classroom teacher. Volunteer mothers helped students with their assignments.

Progress was charted on a day-to-day basis. A point system was used to encourage behavioral control. The range of points was 65-100 A, 52-64 B, 40-51 C, 30-39 D and 29 and below F, for one particular classroom activity. Grading was based on self-improvement. Progress reports were sent home with report cards. Parent conferences were scheduled as needed.

At the end of the year students were retested on the same battery of tests utilized in screening and diagnosis. Three teaching aides helped with classroom instruction in order to free the resource teachers for testing. The resource teachers worked closely with the high school to refer students needing help. They also consulted with counselors and resource teachers at the high school relative to preregistration of students with learning disabilities.

Materials utilized in the junior high school resource program included Systems 80, Spellbinders, high interest-low vocabulary books, science books and materials, and classroom texts and assignments.

Review of Records

The records for all children involved in each resource program were pulled from the file in groups by the resource teacher, teaching aide or researchers according to instructions from the resource teacher(s). For each record the

The following information was checked and, if available in the record, rated on the program evaluation sheet:

Student name or identification
Referral date, source, purpose (speech, reading, behavior)
Dates of releases from parents or guardians
  Permission to test
  Permission to release confidential information
  Permission to place child in special program
Date of team meeting
Classification of handicap (LD, EMR, EH, CD, MH)
Screening tests given
Diagnostic tests given
Ancillary personnel involved
  Referrals to psychologist, social worker, speech therapist, counselor
  Type of services requested
  Results of referral(s)
Programming strategies
  Written behavioral objectives or goals
  Teaching methods
  Materials
  Dates of plans
Validation of progress
  Posttesting (tests given)
  Charting procedures
Disposition of case (continued in resource program, released back to regular class, transferred to another program, moved, withdrawn from program by parents, etc.)

These data were tabulated from a quantitative standpoint and are summarized in the results and discussion section of this report.

Results and Discussion

Information from the review of records is summarized according to the major requirements of PL 94-142 to include referral, releases, team meetings, screening and diagnosis, programming strategies, and validation of progress.

Referral. The source, purpose and promptness of action were reviewed with regard to referral. Procedures were documented as indicated in Table 1.

Table 1

Referral Procedures

	Rural Elementary (N=23)*	Suburban Elementary (N=145)*	Suburban Junior High (N=80)*
Referral form in file	21	118	34
Basis for referral indicated	21	118	34
Referral acted upon within 30 days by team	21	74	34

*N is the number of records reviewed

In some cases test results were in the files but no referral form was found. Dates were omitted on some referral forms and/or team meeting reports, and the intervals between referral and team action could not be determined.

Separate records of the team meetings were maintained, and, in some cases, the date on which the team reviewed a particular child's case was not entered in the child's record.

At the junior high level many of the students were apparently picked up as they entered seventh grade; the elementary schools had suggested names of students for whom services should be continued. As a result, no referral form was placed in the file of the student at the junior high level.

The basis for the referral was indicated on all referral forms present in the files.

Releases. Information regarding releases as documented in the records is given in Table 2.

Table 2

Parent Releases

	Rural Elementary (N=23)*	Suburban Elementary (N=145)*	Suburban Junior High (N=80)*
Permission to evaluate child	21	99	66
Release of confidential information	0	1	0
Permission to place child in special program	21	65	63

*N is number of records reviewed

Many releases were not dated and/or the child's name was not entered, which could pose problems as to the legality of the release.

There obviously were more children tested than were placed in the programs. However, this does not account for the number of releases granting permission for placement being fewer than the number of children continued in the program for service.

Although a release of confidential information should be signed by the parent in order for school personnel to discuss the child's case in team meeting if persons not on the agency's authorized list attend the meeting, there was almost a total absence of this type of release in the files.

Team Meeting. Children should be placed in resource programs only after discussion and recommendation by a team. The team should designate the category of handicap and assure placement in the least restrictive setting. Merely presenting the child's name in team meeting does not assure that adequate consideration has been given to the child's case. However, if there is no indication that a child's name has been presented in the team meeting,

there would obviously be no opportunity to determine the quality of discussion and consideration of the child's case. Documentation in the records of the schools utilized in field testing revealed the quantitative date in Table 3.

Table 3

Team Consideration

	Rural Elementary (N=23)*	Suburban Elementary (N=145)*	Suburban Junior High (N=80)*
Child's name presented in team meeting	21	91	47
Category of handicap indicated by team action	21	88[1]	57[2]

*N is number of records reviewed

[1]Although 91 children were classified, only 88 showed date of team action.

[2]Although 57 children were shown to be classified by team action, the date of the team meeting was included in only 47 cases.

Members of the team present at the meeting were not indicated on many of the records, although this information was shown in the team minutes in most cases.

Notes of the discussion of some cases indicated consideration of least restrictive placement. However, this was not documented in most of the records as would be required by PL 94-142.

Screening and Diagnosis. Table 4 indicates the number of cases in which appropriate screening and disgnostic procedures were used, as evidenced by the records.

Table 4

Screening and Diagnosis

	Rural Elementary (N=75)*	Suburban Elementary (N=145)*	Suburban Junior High (N=80)*
Number classified LD	15	57	22
By appropriate testing	15	9	22
By referral	0	4	0
Number classified EH	5	23	32
By appropriate testing	0	0	14
By referral	4	3	0
By checklist or baseline observation	0	1	8
Number classified EMR	0	5	3
By appropriate testing		4	3
By referral		0	0
Number classified CD	0	12	0
By appropriate testing		0	
By referral		9	
Number classified MH	0	0	0

*N is number of records reviewed

The screening instruments and procedures and the category of handicap assigned to each child were used to determine the appropriateness of the testing for each child. The tests considered were designated by the resource teachers according to the category of handicap. A child who was labeled educable mentally retarded should obviously have had an individual intelligence test; the emotionally disturbed child should be evaluated by psychological tests such as the Bender, Piers-Harris or by observational techniques. The learning disabled child should be evaluated with an individual intelligence test and academic achievement tests to determine an appropriate discrepancy level and by specific diagnostic tests to determine the nature of the disability. The communication disordered child should receive a speech and language evaluation by

a trained specialist. A physical examination should determine the category of motor handicapped with reference to a particular child. (The resource teachers indicated that motor handicapped children were evaluated and placed at a district center if the handicap were severe enough to interfere with regular classroom placement.)

In many cases a common battery of tests was given to all students in the program regardless of handicapping condition.

Referrals to ancillary personnel were generally for diagnostic services, as indicated in Table 4. In some cases a written referral form was in the file; in other cases, the referral was noted in the minutes of the team meeting. Results of the referral were sometimes indicated in a written report, particularly with reference to diagnostic services. However, there were no reports relative to continuing services by ancillary personnel, including counselor, psychologist, social worker and speech therapist. Sometimes the records showed referral for services to the family of the handicapped child, but there again, no report was filed to show the results of the referrals. This information would be essential to the evaluation of the effectiveness of a total resource program.

Programming Strategies. Of all areas considered, the programming procedures area was the most difficult to evaluate. None of the three programs, from the standpoint of records, would meet the requirements of PL 94-142 for individualized planning of objectives and goals. However, it was obvious in the observations that methods and materials were planned for each child. The specific behavioral objectives and anticipated dates for achievement of levels of proficiency were not documented. Long-range goals were inferred but not specifically stated. Quite often the specific materials (U-SAIL, Developmental Learning Materials, DISTAR, etc.) or methods (behavior modification, praise, contingencies, etc.) were noted for a particular child. The anticipated outcome, however, of the use of such materials and methods was not clearly indicated. There was limited evidence of the interaction between the resource teacher and the regular classroom teacher. What information on programming was documented seemed to be related to the caseload carried by the teachers. In the rural elementary school there was information as to methods and materials for each child; at the junior high there were 12 indications of learning systems in the 80 cases; at the suburban elementary school with a record of 145 children serviced to some degree in the resource program, information as to individualized methods and materials was virtually nonexistent.

Table 5

Testing Time

Time Pattern	Rural Elementary		Suburban Elementary		Suburban Junior High	
	Pre (N=21)*	Post (N=21)	Pre (N=112)	Post (N=51)	Pre (N=80)	Post (N=80)
Total minutes for all students	3455	2890	6670	1410	5600	4000
Average minutes per student	164.52	137.62	59.55	27.65	70	50
Range in minutes	60-255	90-225	15-225	15-75	30-105	30-70
Hours in testing (minutes ÷ 50)	57.58	48.17	111.17	23.5	93.33	66.67
Days in testing (hours ÷ 5*)	11.52	9.63	22.23	4.7	18.67	13.33

*N is the number of cases reviewed

**5 represents the average hours in a school day

Translating the results of this time analysis into practical terms would show the necessity for approximately two weeks at the beginning of a school year and approximately one to two weeks at the end of the school year devoted to testing rather than instruction in the resource room.

Other methods of validating progress were utilized in the resource programs. At the rural elementary school daily and weekly charts were maintained for spelling, oral reading, word attack skills, arithmetic and behavior. One teacher at the junior high school used charting of behavior and academic achievement in a behavior modification point system. Graphs and checklists were used to chart daily progress of children in the suburban elementary resource program.

Progress was documented on the records of the children as differences between pre- and posttesting, behavioral notes

and/or the daily or weekly graphs and charts. Evidence of progress was noted for 72 of the 80 students at the junior high school, 21 of the 23 cases at the rural elementary, and 73 of the 85 cases actively served at the suburban elementary resource program.

The disposition of cases served in the resource program was indicated in that 8 children were released from the junior high program, with the assumption from behavioral notes that the other 72 were carried over for service next year. At the suburban elementary school the disposition of cases was indicated for 69 of the 145 records reviewed. Case summaries for 21 of the 23 records reviewed at the rural elementary school clearly detailed the disposition of cases.

Conclusions and Recommendations

Based on the results of the field testing the following conclusions and recommendations are made:

1. Records do not reflect the quality of a program. The quantitative review of the records must be supplemented by other sources of qualitative information in order to determine the effectiveness of a resource program. It is recommended that questionnaires, interviews and observations be used to supplement the review of records.

2. Teachers generally select a battery of tests and diagnostic instruments which are used for all children regardless of handicapping condition. Where different tests were used (Piers-Harris test for emotionally disturbed) the procedures appeared to be a formality with no logical relationship between test results and treatment design. This would seem to be a waste of teacher time and child time which could have been better used for procedures such as observation of an emotionally disturbed child. The directed observations recorded by the junior high school personnel had greater relevance for the techniques used by the teachers in discipline and remediation than did the test results. It is recommended that for resource programs which accomodate more than one handicapping condition, teachers should be given preservice and/or inservice preparation which will enable them to individualize the diagnosis of each child regardless of the handicapping condition. Teachers should not feel compelled to give tests for the sole purpose of satisfying program evaluators.

3. Teachers need time to maintain records and to develop individualized programs. The pressures of time were evident for all teachers in the field-testing schools. A caseload of 40 children (which was the expected ratio for each teacher) requires that an average of eight children be seen each hour in a five-hour school day. It is unrealistic to expect a resource teacher to individualize instruction for forty children, maintain records, attend team meetings and consult with regular classroom teachers, parents and ancillary personnel. Demands on teacher time are likely to increase with the requirements of PL 94-142.

4. Resource teachers typically have a standard inventory of methods and materials used in instructing handicapped children. A manual of procedures for resource programs should be designed to enable each teacher to code this inventory in order to simplify record keeping and to utilize computer programming. It is recommended that an attempt be made to standardize procedures, but that no attempt should be made to standardize teachers.

Evaluation of Process Model

The proposed process model was evaluated in six areas: 1) validity, 2) reliability, 3) usability, 4) objectivity, 5) discrimination, and 6) comprehensiveness. Revisions of the model were made as needed to meet these criteria for a good measurement instrument.

Validity

The basic question to be answered with regard to validity asks, "Does the process model really measure what it is designed to measure?" The process model was very sensitive to quantitative data. The number of cases reviewed and the number of cases meeting the requirements of PL 94-142 could be readily converted to percentages on the tabulation form for record review. However, the qualitative aspects such as attitude toward the program on the part of the child, regular classroom teacher, parents and ancillary personnel and the effectiveness of the teaching staff were not so readily determined. The questionnaires, interview guides and observation report forms were added in order to increase the validity of the model.

forms used by evaluators were modified and adapted as a result of the field testing. The researchers wrote in dates of referrals and releases and team meetings, the exact tests and teaching materials used, and the ancillary personnel involved. It was evident that decisions made later on the basis of these data could have been made by the evaluator at the time of the record review. For example, the signed and dated release for testing was either there or not there, the time interval between referral and team action was either less than a month, longer than a month or not indicated. By using this procedure an evaluator should be able to process forty records in two hours. If a larger number of records is involved, the sampling procedure should be used. Sampling should also be used with the questionnaires and interviews in order to accomplish the evaluation within a reasonable period of time.

Objectivity

The question to be answered with regard to objectivity was, "Can evaluators control the subjective impressions of a resource program based on prior knowledge of personnel and procedures or contact with parents in order that an objective evaluation may be made?" The researchers discussed this topic among the personnel in the field testing schools and also compared their subjective feelings about the resource programs. The merit of a directed observation form and the suggested questionnaire and interview guide was evident. Just being in the resource room during the record review was an enlightening experience and created impressions as to the quality of the program. Many of these impressions were clarified by the discussion with resource personnel prior to reviewing the records. For example, several of the students in the junior high school resource program were living in residential placements because of severe behavior problems. The discipline techniques were seen in a different context for these students when compared with other students in the program. Some of the residential placement students were suspended or otherwise unavailable for follow-up testing.

Use of the directed observation form and the interview guide and questionnaires should control for objectivity.

It is recommended that personal data information on resource teachers and ancillary personnel not be obtained prior to the staff preparation meeting in order that subjective expectations on the part of the evaluators

Comprehensiveness

The question to be answered in regard to comprehensiveness asks, "Does the process model cover all important areas to be included in making a decision as to the effectiveness of the resource program?" It was obvious as the field testing progressed that the model needed to be expanded to include input from many sources. The procedures utilized should include: 1) the record review, 2) reports from ancillary personnel, 3) quesionnaires completed by parents, 4) questionnaires completed by classroom teachers, 5) interviews with children in the program, and 6) observations of resource room interactions. When data from all sources are compiled to answer the basic questions in writing the final report, the question of comprehensiveness should be satisfactorily answered.

APPENDIX A

PARENT QUESTIONNAIRE

Child's Name _____ School _____

Address _____ Date _____

We in the School District are asking a selected number of parents to respond to this brief questionnaire. It will help us in evaluating the present effectiveness of our special programs and give us suggestions which might be used to further strengthen our assistance to children. Please fill out the questions tonight and return the form in the enclosed self-addressed envelope.

Thank you,

1. Is your child now having, or has he had in the last two years, some difficulties in school? Yes___ No___. If the answer is yes, please respond to the rest of the questionnaire.

2. Who from the school informed you that your child had difficulties?

_____

3. Who from the school helped you understand the nature of the difficulties? (Please give name and/or title of the person or persons.)

_____

4. Which people in the school do you talk with? How often?

_____

_____

5. Were you notified that your child would receive individual testing? _____

6. Were test results discussed with you? _____ If yes, by whom?

_____

7. Were special programs for your child discussed with you? _____

If yes, by whom? _____

8. Please check the appropriate line concerning a planning conference about your child.

____a. I was not asked to be involved in a planning conference about my child and I wasn't informed of the school's plans to help my child.

____b. I did not attend a planning conference about my child but I was told what the school's plans were to help my child.

____c. I participated in a planning conference about ways of helping my child. (If this line is checked, please indicate who attended the conference.)

9. Please indicate with a check the feelings of your child about the special help he is receiving at school.

a. He likes school very much____ somewhat____ not much____.

b. He feels he is doing very well____ satisfactorily____ poorly____.

c. He likes the people who work with him very much____ somewhat____ not much____.

d. He feels isolated and/or looked down on by his friends. Not at all____ somewhat____ very much____.

10. If you had your preference, you would like to see your child: (check one)

____a. In the regular classroom getting the regular program.

____b. In the regular classroom getting special assistance.

____c. In the regular classroom some of the time but with periods where he would leave to get special help from a resource program (special materials, testing, counseling, etc.).

11. What changes have you noticed in your child's behavior since he has received special assistance?

_____

_____

_____

12. As a summary of your feelings about the school, indicate the degree of your satisfaction on the following check list:

a. The analysis the school made about your child's difficulties.
Very satisfied___. Generally satisfied___. Only partly satisfied___. Not at all satisfied___.

b. The special assistance the school has given you and your child.
Very satisfied___. Generally satisfied___. Only partly satisfied___. Not at all satisfied___.

c. The two-way communication between you and the school people.
Very satisfied___. Generally satisfied___. Only partly satisfied___. Not at all satisfied___.

d. The academic progress of your child.
Very satisfied___. Generally satisfied___. Only partly satisfied___. Not at all satisfied___.

e. The emotional adjustment of your child.
Very satisfied___. Generally satisfied___. Only partly satisfied___. Not at all satisfied___.

13. What do you and your child like most about the resource program?

_____

14. What do you and your child like least about the resource program?

_____

CLASSROOM TEACHER QUESTIONNAIRE

Name of teacher _____ Date _____

Name of child _____ School _____

1. Did you refer this child for resource program help? _____ If you were not satisfied with the results of your referral? _____ If not, how could the referral have been improved?

2. If you did not refer the child for resource help, how did the child get into the resource program?

Were you consulted about the child's needs and/or placement? _____

3. Have you been involved in a team meeting regarding this child or another child in the resource program this school year? _____ If yes, was it a worthwhile experience? _____ If not, how could the meeting be improved?

4. Have the results of testing this child been discussed with you? _____ If yes, was the information helpful to you? _____ If not, how could the procedure be improved?

5. Has the resource teacher planned the child's program with you? _____ If yes, have you been able to follow through with the plan? _____ If not, how could the plan have been improved?

6. Has this child shown improvement since being in the resource program? _____ If yes, in what way(s)?

If not, what do you think is the problem?

7. What are the strengths of the resource program?

8. What are your suggestions for improving the resource program in your school and district?

Please return completed questionnaire to _____

ANCILLARY SERVICES QUESTIONNAIRE

Name of person completing questionnaire _____

Position with district _____

Name of child _____ Date _____

1. Why was the child referred to you?

2. Describe the child's problems as you see them.

3. How many times and how often have you seen the child?

4. Specifically, what objectives did you have for meeting with this child?

5. Describe the child's performance as you have met with the child?

6. Specifically, what methods and materials did you use with the child?

7. Have you documented the child's performance?____ How and where?

8. Have you accomplished the objectives stated in question #4?____ If not, what are your plans for the future?

9. Have you met with other family members?____ If yes, what was the purpose of your meeting?

   How many times and how often have you met with family members?

   Did you meet at the home, school, or where?

10. Have you accomplished your purpose in meeting with family members?____ If not, what are your plans for the future?

11. Have you met with other school personnel regarding this child? ____ If yes, what was the purpose of the meeting?

    With whom have you met?

    How many times, how often and where have you met?

12. Have you accomplished your purpose in meeting with other school personnel regarding this child?____ If not, what are your plans for the future?

13. Comments on the strengths and needs of the school resource program in which this child is enrolled.

Return completed questionnaire to _____

RESOURCE TEACHER QUESTIONNAIRE

Name _____ Date _____

School _____ District _____

Please complete the following questions with regard to your resource program.

1. How do you handle each of the following procedures with regard to a child who may be a potential or an active member of your resource class?

   a. Referral

   b. Referrals from parents

   c. Screening

   d. Case meeting

   e. Diagnosis

   f. Goals or skills to be developed

   g. Strategies of instruction

   h. Progress reporting

2. What records do you keep on the children in your program?

3. What differences, if any, are there among procedures for Mentally Retarded, Learning Disabled, Emotionally Handicapped, Communication Disordered, Motor Handicapped and any other types of handicap which you serve in your program?

4. What certification(s) do you hold?

   What courses have you taken to prepare for the position of resource teacher?

   How long have you taught? _____ In the resource program? _____

5. What do you see as the strengths of the resource program in your school?

   In your district?

6. What suggestions do you have for improving the resource program in your school?

   In your district?

7. What information would you like to be certain that the evaluator considers in determining the effectiveness of your resource program?

CHILD INTERVIEW GUIDE

Name of Child _____ Date _____

Classroom Teacher _____ Resource Teacher _____

Name of Interviewer _____ School _____

Describe setting for interview (regular classroom, resource room, office, hall) and how the child was chosen for the interview.

1. Tell me what you do in school each day. (Review from time child comes in morning until he goes home in afternoon.)

2. What is the best thing you do each day in school? What do you like least?

3. Tell me about your teachers. (If a child does not mention resource teacher, prompt him by asking if he does some things with [name].)

4. How do you feel about the things you do with (resource teacher)?

5. Are you learning new things or does he/she help you with what you are doing with your other teacher(s)?

6. Are you able to do the work in the classroom better after you have worked with (resource teacher)? If yes, what can you do better?

7. Does your classroom teacher help you with work that is hard? ____ If yes, how?

8. How do you feel about school?

9. Could school be made better for you? ____ If yes, in what way(s) _____

Comments:

Return completed interview form to _____

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OBSERVATION RECORD

Observer _____ Date _____

Program Observed: Setting:

District _____ Teacher with _____ (number) children

School _____

Teacher _____ Team Meeting _____

Parent Conference _____

Other _____

Describe other relevant factors, such as time of day, category of handicap of children involved, activity underway, materials in use, other adults present.

_____

_____

		Yes	No
1.	The Structure		
a.	Did (child) (parent) (team) appear to know what was expected?	___	___
b.	Was preparation for the activity evident?	___	___
c.	Was inappropriate behavior dealt with effectively?	___	___
d.	Were the participants interested and involved?	___	___
e.	Was the activity productive (did learning take place, did participants experience satisfaction)?	___	___
2.	The Teacher		
a.	Was the teacher enthusiastic?	___	___
b.	Was the relationship between the teacher and others (child, parent, team) conducive to the task at hand?	___	___
c.	Did the teacher seem to enjoy what was going on?	___	___
d.	Was the teacher's energy level adequate?	___	___
3.	The Child		
a.	Were the methods and materials used suitable for the child's primary handicap (academic or perceptual-motor for LD, social-emotional for EH, etc.)?	___	___
b.	Was the child involved in evaluating his progress?	___	___
c.	Did the child benefit from the instruction received?	___	___
d.	Did the child seem to be comfortable in the resource setting?	___	___
e.	Did the child receive individualized emphasis as well as group involvement?	___	___

Completed Observation Report to be returned to _____

TABULATION OF DATA
FROM REVIEW OF RECORDS

Program Being Evaluated:
Child _____
School _____
District _____
Other _____

Date _____
Name of Evaluator _____
Number of Cases Reviewed:

LD ___ EMR ___ EH ___ CD ___ MH ___

	Records Meeting Requirement				
	LD	EH	CD	EMR	MH
Referral					
Documented					
Source Indicated					
Classroom Teacher Involved					
Form Properly Completed					
Reason Indicated					
Proper Steps Followed					
Prompt Action					
Releases					
Properly Completed					
Appropriate Language					
Covered All Actions					
Evaluation					
Confidential Information					
Placement					
Completed Prior to Action					
Parents Notified of Action					
Placement Indicated					
Screening					
Ancillary Personnel Involved					
Reports Complete					
Related to Referral Reason					
Commonalities Considered					
Team Meeting					
Documented in Child's Case					
Input to Justify Placement					
Category Indicated					
Eligibility Standards Met					
Least Restrictive Placement					
Parents Involved					
Child Involved When Possible					
Diagnosis					
Sufficient and Relevant					
Appropriate to Child's Culture					
Strengths and Needs Indicated					
Educationally Relevant					

TABULATION OF DATA
FROM REVIEW OF RECORDS
Page 2

Goals or Skills to be Developed	LD	EH	CD	EMR	MH
Long-Range Indicated					
Short-Range Indicated					
Related to Handicap (Primary)					
Related to Handicap (Secondary)					
Related to Classroom Needs					
Specific Behavior Indicated					
Level of Performance					
Conditions of Learning					
Dates for Goal Selection					
Anticipated Dates of Mastery					
Team Involvement					
Strategies					
Individualized Plan					
Methods Related to Handicap					
Materials Related to Handicap					
Provision for Transfer					
Progress					
Documented Procedure					
Reports to Parents					
Reports to Classroom Teacher					
Reports to Child					
Attendance Records Complete					
Future Plans Indicated					
Referral to Ancillary Personnel					

Comments:

Percentages Computed:

LD _____ EH _____ CD _____ EMR _____ MH _____

TABULATION OF DATA FROM
QUESTIONNAIRES AND INTERVIEWS

Source of Data		Team Involvement		Individualized Programming		Attitude Toward Program		Improvement of Child		
		Yes	No	Yes	No	Positive	Negative	Resource Program	Home	Classroom
Parent Questionnaires	N=									
TOTAL										
Classroom Teacher Questionnaires	N=									
TOTAL										
Ancillary Personnel Questionnaires	N=									
TOTAL										
Child Interview Guides	N=									
TOTAL										

*N is the number of instruments used in tabulation